

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 09/644 503		FILING DATE 9-24-00	
CLAIMS								*		*	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.
		IND.	DEP.	IND.	DEP.						
1								51			
2								52			
3								53			
4								54			
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43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.		27						TOTAL IND.			
TOTAL DEP.		73						TOTAL DEP.			
TOTAL CLAIMS		50						TOTAL CLAIMS			